

Vendor Approver Certification

ADP 100120 (Rev 08/02)

For Access to Confidential ADP Drug Medi-Cal Information**Vendor:** _____

To ensure the confidentiality of county/direct provider Drug Medi-Cal data, the Department of Alcohol and Drug Programs (ADP) requests the designated vendor identify a primary and a secondary contact to be responsible for approving requests for access to confidential county/direct provider Drug Medi-Cal patient data. Please provide this information in the spaces below and fax this form to (916) 323-0653. If you have questions about this form, please call (916) 323-2043.

Primary Vendor Approver:

First Name: _____ Last Name: _____

Title: _____

Phone Number: (____) _____ Fax Number: (____) _____

Email Address: _____

Primary Approver's Signature: _____

(Signer acknowledges having read the attached Confidentiality Statement for Drug Medi-Cal Patient Data)

Secondary Vendor Approver:

First Name: _____ Last Name: _____

Title: _____

Phone Number: (____) _____ Fax Number: (____) _____

Email Address: _____

Secondary Approver's Signature: _____

(Signer acknowledges having read the attached Confidentiality Statement for Drug Medi-Cal Patient Data)

Vendor for the Following Counties/Direct Providers:

(Please indicate two digit County number or four digit DMC Direct Provider number)

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Vendor Certification:

As _____ for _____, I certify this organization is a vendor for the above counties/direct providers and designate the individuals identified above to have independent authority to approve access requests to specific confidential county/direct provider Drug Medi-Cal patient data. ADP may rely on approvals, denials, and changes made by these individuals in its processing of access requests for the above listed counties' data. As changes occur to the above approving contacts (name, phone, e-mail or county/direct provider), I will complete a new certification and forward it to ADP. Also, I acknowledge reading the attached Confidentiality Statement for Drug Medi-Cal Patient Data.

By: _____ (signed and printed)

Date: _____

Title: _____

DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS

1700 K STREET
SACRAMENTO, CA 95814-4037
TDD (916) 445-1942



August 26, 2002

CONFIDENTIALITY STATEMENT FOR DRUG MEDI-CAL PATIENT DATA

The California Department of Alcohol and Drug Programs (ADP) is committed to protecting the privacy and security of the client data with which we are entrusted. We have partnered with the Department of Mental Health (DMH) to bring you your ADP Drug Medi-Cal data in a format that enables you to perform your business functions more efficiently to the ultimate benefit of your clients.

One of the outcomes of making your Drug Medi-Cal patient data accessible to you in an electronic format is that it is more vulnerable to unintentional disclosure than if it were only available as hard copy. You must be aware of this vulnerability and make every effort to secure the information after it has been downloaded to your staff's desktop computers. DMH has incorporated robust security measures into their system to protect the data until you receive it. It is your responsibility to continue to protect this patient data.

Federal law and regulations protect the confidentiality of all alcohol and drug abuse patient records. 42 Code of Federal Regulations, Subchapter A, Part 2: Confidentiality of Alcohol and Drug Abuse Patient Records Section 2.13(a) and (b). The Section 2.13(a) states that:

The patient records to which these regulations apply may be disclosed or used only as permitted by these regulations and may not otherwise be disclosed or used in any civil, criminal, administrative, or legislative proceedings conducted by any federal, state, or local authority. Any disclosure made under these regulations must be limited to that information needed to carry out the purpose of the disclosure.

Section 2.13(b) states that:

The restrictions on disclosure and use in these regulations and use of the patient data apply whether the holder of the information believes that the person seeking the information already has it, has other means of obtaining it, is a law enforcement or other official, has obtained a subpoena, or asserts any other justification for a disclosure or use that is not permitted by the regulations.

There are federal criminal penalties for unauthorized disclosure of up to \$500 for the first offense and up to \$5,000 for each subsequent offense. Because the information you are receiving is in a form that can easily be transmitted, copied, or viewed, it is essential that the appropriate security precautions be observed.

If you would like more information, please contact Helen Novak, Information Security Officer, ADP, at (916) 323-9832.